Appendix 3: Parent/Guardian Consent

(for all field trips and off-site activities)

Field Trip Information

To the parents/guardians of a field trip participant:

Please read the contents of this Consent and Acknowledgement of Risk form. Clarify any questions or concerns with the Lead Teacher BEFORE signing it.

BFF(ORE signing it.							
If th	is form is not sigr	ned and re	eturned to the school by	03-Jun-2020 , you	r child WILL NOT BE ALLOWED	TO ATTEND.		
Prog	gram/Activity In	<u>formatio</u>	<u>n</u>					
Destination/Activity		Walking	alking in the Community					
Activity Description		Walking permission for this school year - various destinations within walking distance of the school throughout the school year .						
<u>Departure Dat</u>		<u>ite</u>	<u>Departure Time</u>	Return Date	<u>Return Time</u>			
	Various Dates		Various Times	Same Day Trips	Various Times			
Area of Study (as related to BC Curriculum) Daily physical activity & exploring the community. Staying safe outdoors.								
Transportation: (check all that apply)			School District bus/van ✓ Walking ☐ Public Transportation ☐ Charter Bus ☐ Rental Van ☐ Service Provider ☐ Other (Specify)					
Drivers: (check all that apply)			☐ Volunteer Driver, Staff/Supervisor ☐ Professional Driver(s) ☐ Other (Specify)					
Lead Teacher Andrew Georgy-Embree								
Total number of supervisors planned 1 Supervisory Arrangements Teacher								
Estimated Cost to Student		udent [\$0.00					
What to Bring			Appropriate clothing, sun protection, footwear, water bottle and/or snack if the walk is over the entire morning.					
Other Considerations		5	N/A					

Board Responsibilities

The board will make every reasonable effort to ensure or ascertain that:

- 1. The staff, volunteers and/or service providers involved are suitably trained and qualified.
- 2. The students are adequately supervised over all aspects of the program/activity.
- 3. The location(s) used are appropriate and safe for the activity(ies) and group.
- 4. Equipment used has been inspected and deemed appropriate and safe.
- 5. A Safety Plan is in place to identify and manage known potential risks.
- 6. An Emergency Plan is in place to deal with an injury or illness to any of the students.

	Environmental, traffic, possibility that your chid may not heed safety instructions, separation from group, slipping, tripping, falling, motor vehicle accident, allergic reaction, bug bites/stings, animal encounter.		
	☐ Involves water-based activities (See appendix eight)		
Sataty high for inharant ricks.	First-aid kit, crossing streets at cross walks & with supervision, cancel in extreme weather conditions, review field trip expectations before leaving for trip.		

Parent/Guardian Consent and Acknowledgement of Risk

- 1. I accept the mode of transportation for this activity.
- I acknowledge my right to obtain as much information as I require about this program or activity and associated risks and 2. hazards, including information beyond that provided to me by the school or board.
- 3. I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that my child may suffer personal and potentially serious injury arising from his/her participation.
- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administrators, instructors, and supervisors over all phases of the program/activity.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further 5. participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements and I will be responsible for any costs associate.
- I acknowledge that it is my duty to advise the Lead Teacher of any medical and/or health concerns of my child that may affect 6. his/her participation.
- 7. I acknowledge that the Board may choose to cancel the trip if travel conditions are deemed unsafe (e.g., weather, health advisory, security). I accept that the Board will not be liable for any costs associated with such a cancellation.

- 8. I acknowledge that the trip supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.
- Based on my understanding, acknowledgement, and consents as described herein, 9

(Name of Stud permission to	ent) participate in this activity.	(Date of Birth)	has my
Date:	Name (Please Print):		
Signature:		_	
Parent/Guardian Conta	ct Numbers:		
#1 Day:		Evening:	_
#2 Day:		Evening:	_
Student Medical Info	rmation		
My child's medical/date with the school	emergency contact information is up to ol office.	My child has a current/temporary condition that this field trip (for example, a sprained ankle).	may affect
•	y child's medical/emergency contact olete BC Student Information Verification	Details/Instructions:	

form with school office)